

CLARK COUNTY BUSINESS LICENSE ROADMAP

FORMS TO APPLY FOR A BUSINESS LICENSE WITH CLARK COUNTY

To: All applicants for a Clark County General Business License applying for a license in their own name as a Real Estate Salesperson (Real Estate Salesperson Category #685, Clark County Code Chapter 6.12.849).

Business License Form	Description and Use
(A) Nevada Business Registration Form	This is the official application form. The form requires name, address, ownership information and length of time operating the business, and other information.
(B) Clark County Business License Supplement form	This form requests information that is specific to Clark County licensing, and is a required form.
Other Department/Agency Forms Required	Description and Use
(C) Nevada Department of Taxation compliance STATE of NEVADA	Nevada Taxation Affirmation of Compliance will serve as proof of clearance with the Department of Taxation. Notarization is not required. You may contact them via website at www.nevadatax.nv.gov/web/ or visit the office at 555 E. Washington Avenue, Suite 1300, Las Vegas, NV or the office at 2550 Paseo Verde, Suite 180, Henderson, NV. The phone number is (702) 486-2300 for both offices
(D) Nevada Secretary of State – Register your Business STATE of NEVADA	If you are a sole proprietor, corporation, limited liability company, limited partnership, or limited liability partnership, you must file (register) with the Nevada Secretary of State. You must provide to the Clark County Business License office with a copy of your current state business license. Also, we will require a file stamped copy of your Articles of Incorporation, a Certificate of Good Standing, or a print out from their website at: www.sos.state.nv.us . The address is: Secretary of State, Commercial Filings Division, 555 E. Washington Avenue, Suite 5200, Las Vegas, NV (702) 486-2880.
(E) Real Estate Division STATE of NEVADA	Licensure or Certificate of Exemption from the State of Nevada Real Estate Division is required pursuant to NRS 645. Department of Business & Industry Real Estate Division 2501 E Sahara, Las Vegas, NV, 89158. (702) 486-4033.

The first three (3) forms have been provided for you. The last two (2) documents are required to complete your application.

License Fee Information:

- | | |
|-----------------------------|---|
| 1. One-time application fee | \$ 45.00 |
| Annual License fee | <u>150.00</u> (Renewable annually every April 1 st) |
| Total | <u>\$195.00</u> |
- Payment for renewal of business licenses must be received by the 15th day following the due date. Payments received after the 15th day will be assessed penalties.
- Please make all checks payable to Clark County Business License.

NEVADA BUSINESS REGISTRATION

Please see instructions regarding form detail and online registration options.

1	I Am Applying For: * SEND A COPY TO EACH AGENCY	<input type="checkbox"/> Unemployment Insurance <small>*(Employment Security Division - ESD)</small>	<input type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Modified Business Tax <small>*(Department of Taxation)</small>	<input type="checkbox"/> Local Business License
2	<input type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership/ Business Entity <input type="checkbox"/> Change in Location <input type="checkbox"/> Other <input type="checkbox"/> Change in Corporate Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Change in Name <input type="checkbox"/> Add Location			
3	Business Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Association <input type="checkbox"/> LLLP <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other			
3A	If LLC please check Federal tax filing type <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership			
4	Corporate/Entity Name <small>(as shown on State Business License):</small>		Corporate/Entity Telephone ()	5
Federal Tax Identification Number				
6	Corporate/Entity Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #		City, State, and Zip Code +4 State of Incorporation or Formation	
7	Nevada Name (DBA):		Business Telephone ()	Fax ()
8	E-mail Address:		Website Address:	9
Nevada Business Identification #: (11 digits) NV				
10	Mailing Address: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt # City, State, and Zip Code +4			
11	Location(s) of Nevada Business Operations: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt # City, State, and Zip Code +4			
12	Location of Business Records: Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt # City, State, and Zip Code +4			Telephone Number: ()
13	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed. ** The Department of Taxation & Employment Security Division are the only agencies to require a SSN.			
	Last, First, MI :		Residence Address (Street)	**SSN
	Title	Percent Owned	City, State, Zip +4	Residence Telephone
	Last, First, MI :		Residence Address (Street)	**SSN
	Title	Percent Owned	City, State, Zip +4	Residence Telephone
	Last, First, MI :		Residence Address (Street)	**SSN
	Title	Percent Owned	City, State, Zip +4	Residence Telephone
	Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4	**SSN
				Residence Telephone
14	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll
				Amount of First Nevada Payroll
				Number of Employees
15	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS			
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestics	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Tire Sales
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge
	<input type="checkbox"/> Adult Materials/Activity		<input type="checkbox"/> Leased or Leasing Employees	<input type="checkbox"/> Amusement Machines
	<input type="checkbox"/> Leasing (Other than Employees)		<input type="checkbox"/> Supply/Use Temporary Workers	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Regulated by Federal/State Permit Number _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Registered Agent
				<input type="checkbox"/> Financial Institutions
				<input type="checkbox"/> Mortgage Brokers
				<input type="checkbox"/> Banker
				<input type="checkbox"/> Other _____
16	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.			
17	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:			
	Date Acquired/Changed:	Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part
	Name(s) of Previous Owner(s)		Previous Owner(s) Business Name	
	Address (Street)		City	State Zip Code +4
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:		Enter Previous Owner(s) ESD Account Number:	
18	* Signatures must be that of a responsible party * I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.			
	*Signature Responsible Party / Original		Print Name And Title	Date
	*Signature Responsible Party / Original		Print Name And Title	Date

ORIGINAL SIGNATURES REQUIRED BY AGENCIES – KEEP A COPY FOR YOUR RECORDS

CLARK COUNTY BUSINESS LICENSE SUPPLEMENT

1. State law requires you to register your business with the Nevada Department of Taxation or, in some cases, to receive an exemption from their requirements.
Have you satisfied the requirements of the Nevada Department of Taxation? Yes ☐ No ☐
- If you answered yes, please go to question 2. NRS 364A requires all business, corporation, or partnerships operating in Nevada to have a state business license. If you have questions concerning business licensing requirements for the State of Nevada please contact the Nevada Department of Taxation at (702) 486-2300 before applying with Clark County Business License.
2. Is this business owned by a legal entity such as a Corporation, Limited Liability Company, Registered Partnership, etc. and not by an individual(s)?
Yes ☐ No ☐ If you answered no, go to question 3.
- 2a. Is this company listed on a stock exchange? Yes ☐ No ☐
- 2b. Have you filed with the Nevada Secretary of State? Yes ☐ No ☐ The filed name must be listed on the Nevada Business Registration form, line 2. Registered legal entities **must** register with the Nevada Secretary of State, Commercial Filings Division at (702) 486-2880 before a Clark County Business License may be issued.
3. The Federal Welfare Reform Act implemented by the 1997 Nevada Legislature requires that professional and occupational licensing agencies add certain questions regarding child support to all applications.
Please mark the appropriate response - failure to mark one of the questions will result in the denial of your application.
- ☐ Not subject to a court order for the support of a child
- ☐ Subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ Subject to a court order for the support of one or more children and am **NOT** in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ This is a Multiple shareholder corporation; or a Non-profit; or a Multiple member limited liability company; or a Registered partnership, registered with the State of Nevada and are therefore exempt. **Please circle the appropriate type:** Multiple shareholder corporation, Non-profit, Multiple member LLC, or Registered partnership.
4. Will you be using a business name other than the one registered with the Nevada Secretary of State, or if not registered, the business owner's legal name? Yes ☐ No ☐ If you answered no, go to question 5.
- 4a. Have you filed a Fictitious Firm Name form with the Clark County Clerk's office? Yes ☐ No ☐
The filed name must be listed on the Nevada Business Registration form, line 5. If your business is using a fictitious firm name, you must file a fictitious firm name form with the Clark County Clerk's Office (702) 455-3156 before a Clark County Business License may be issued.
5. Does your business or profession require a state license? Yes ☐ No ☐ If you answer no, go to question 6.
If yes, please provide State License Type (doctor, contractor, etc.):
Professional/State License Number and Classification (must be current and valid):
6. If you are based in a jurisdiction other than Unincorporated Clark County, please provide the name of the jurisdiction (City of Las Vegas, City of Henderson, etc.) and your current valid license number.
Licensing Jurisdiction:
License Number:
7. Are you doing business from your home? Yes ☐ No ☐ If you are doing business from your home you must get approval from Clark County Current Planning for a home occupation. Questions concerning approval should be directed to the Clark County Current Planning Department at (702) 455-4314.
8. Are you sharing space with another business? Yes ☐ No ☐ If yes, please provide the name and address of the business.
Business Name:
Address:
City, State, Zip Code:
9. Please provide your email address (not required):

The mailed in application cannot be processed until all these requirements are complete.

I declare under the penalty of perjury that the requirements listed above - to the best of my knowledge and belief - have been completed.

Signature: _____

Social Security Number: _____

Date: _____

Business Name: _____

Nevada Department of Taxation Affirmation of Compliance

Pursuant to NRS 244.335 and NRS 268.095, the local licensing agencies are imposed the responsibility to obtain from new business license applicants assurance of compliance with the state sales and use tax registration requirements (NRS 372.220). The affirmation of compliance below must be completed, signed and submitted to this office prior to the issuance of a license. If mailed or submitted by someone other than the applicant, this form must be notarized. All questions pertaining to this law should be directed to:

State of Nevada, Department of Taxation
555 E. Washington Avenue, Suite 1300
Las Vegas, Nevada 89101
Call Center (866) 962-3707

Nevada imposes a use tax on tangible personal property used in Nevada on which Nevada sales tax has not been paid. If you fabricate, consume or otherwise use untaxed tangible personal property, please contact the Department of Taxation before applying for your city or county business license.

Owner's name:	Business name:
Owner's address:	Business address:
City, State & Zip:	City, State & Zip:
Phone number:	Phone number:

The undersigned business license applicant declares:

I do not sell anything tangible, fabricate anything tangible, nor do I purchase tools, equipment, supplies, subscriptions or other tangible personal property from anyone other than registered Nevada retailers to whom I pay Nevada sales tax.

I understand that if any of the above information changes, I must contact the Department of Taxation **immediately**. Further, if at any time, now or in the future, I begin making sales of tangible personal property or consume tangible personal property untaxed in the state of Nevada, I will contact the Department of Taxation. Failure to do so may potentially leave my organization subject to tax, penalty and/or interest.

I do hereby affirm that the above information is true and correct, dated this _____ day of _____, 20____.

Signature	Printed Name	Title

Subscribed and sworn to before me this

Business License Representative

_____ day of _____. _____

Notary public (if mailed)